

# Treasure Coast Classical Academy

## Home Language Survey

Student Name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Birthplace \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

**Date Entered United States School** \_\_\_\_\_

Please Check **YES** or **NO** for each of the following questions:

**1. Is a language other than English used in the home?**

**Yes**                      **No**    If **Yes**, what language \_\_\_\_\_

**2. Did the student have a first language other than English?**

**Yes**                      **No**    If **Yes**, what language \_\_\_\_\_

**3. Does the student most frequently speak a language other than English?**

**Yes**                      **No**    If **Yes**, what language \_\_\_\_\_

Signature of Person Completing Survey \_\_\_\_\_ Date \_\_\_\_\_

Relationship to student \_\_\_ Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Other (specify \_\_\_\_\_)